Blank Application Documents

Following are the blank copies of each document you will need to fill out to complete your TAG application. While these are standard federal grant forms, EPA has developed instruction specifically for TAG applicants to use in completing these forms. Whenever questions on these forms call for standard answers by TAG applicants, EPA has supplied the correct response to simplify the application process.

Documents you will find in this section include:

- 1. A multi-page "Project Narrative Statement," which includes the "budget" and "scope of work"/"work plan" specified in the new TAG rules plus information about your group and how you will manage a TAG.
- 2. Standard Form (SF) 424, "Application for Federal Assistance" (1 page)
- 3. SF 424A, "Budget Information Non-Construction Programs" (2 pages)
- 4. SF 424B, "Assurances Non-Construction Programs" (2 pages)
- 5. EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibilities Matters" (1 page)
- 6. EPA Form 4700-4, "Preaward Compliance Review Report for Applicants Requesting Federal Financial Assistance" (1 page)
- 7. "Certification Regarding Lobbying" (1 page)

Project Narrative Statement

Section 1. GROUP QUALIFICATIONS

A. Group Eligibility

1.	beer of Pl	n identified RPs for you	as potentially ur site, contac	ection concern your group's relationship, if any, with those who have a responsible parties (PRPs) at the site. If you do not have a complete list of the Remedial Project Manager (RPM) or Community Involvement e. Provide a detailed explanation for any "Yes" answers.
	Yes	No		
			Are any mer	mbers of your group potentially responsible parties (PRPs)?
			Was your gr	roup established by or does it represent a PRP?
			•	e in your group have financial involvement in a PRP (other than as an contractor?)
			ls your grou	p presently sustained by a PRP?
2.				roup established, or is it sustained by, an "ineligible entity" [defined in 4105]? (check all that apply):
				A PRP? A national organization? An academic institution? A political subdivision?
3.	How	many mer	mbers are in y	our group?
				o incorporated (or planning to incorporate) as a non-profit organization fic purpose of representing affected individuals at the site?
			OR	
			Was your gr	oup originally incorporated for another purpose?
				If your group was originally incorporated for another purpose, does it include all the individuals and groups who joined in applying for the TAG?
4.	your	group dev	eloped out of	formed and the history of your group's involvement at the site. If a coalition of other groups, also include the names of these groups ogether? (Attach an additional sheet if needed.)

Section 1. Group Qualifications (continued)

B. Responsibility Requirements

1. Administrative and Management Capabilities

In the space below, please describe the organizational structure of your group and the roles and responsibilities of members, particularly members who will be responsible for financial management of the grant and directing the activities of the contractor.

2. Resources for Project Completion

What resources are available to your group to help complete the TAG project? (Include any plans that your group has for in-kind contributions or for fund-raising and obtaining cash.)

Section 1. GROUP QUALIFICATIONS (continued)

B. Responsibility Requirements (continued)

3. Performance Record

Please describe your group's past performance in satisfactorily completing projects and contracts. (If your group has no past experience, EPA will evaluate the description, budget, and schedule you provide in Section 2 of this application.)

4. Accounting and Auditing Procedures

What procedures does your group plan to use for recordkeeping and financial accountability related to the grant? Please identify the member of your group who will maintain your financial records.

Section 1. GROUP QUALIFICATIONS (continued)

B. Responsibility Requirements (continued)

5. Incorporation

Is your group incorporated specifically for the purpose of addressing problems at this site? (Answer "yes" or "no")

If not, what steps is your group taking to incorporate for grant-related purposes?

6. Certifications

Attach copies of the completed "Certification Regarding Debarment, Suspension, and Other Responsibility Matters" (EPA Form 5700-49), "Preaward Compliance Review Report for Applicants Requesting Federal Financial Assistance," and "Certification Regarding Lobbying" to this Project Narrative Statement.

Section 1. GROUP QUALIFICATIONS (continued)

C. Group Issues and Objectives

1. How many members of your group are affected by the site? _____

2. Health, Economic, and Environmental Effects

Describe the ways in which group members and those they represent are affected by contamination at the site, including actual or potential health threats posed to and economic and environmental effects felt by them.

3. Consolidation/Representation

Describe the number and diversity of affected community organizations and individuals represented by your group, highlighting the ways in which your group represents individuals affected by the site.

Project Narrative Statement

Section 2. INFORMATION SHARING

A. How does your group intend to share information collected with grant funds with the larger community?

Project Narrative Statement

Section 3. TECHNICAL ADVISOR WORK PLAN

A. Provide a succinct explanation of the tasks you wish your technical advisor to perform at each stage of the cleanup process; how much of the technical advisor's time will be necessary to complete the specified tasks at each phase of the cleanup process; and the products you expect the technical advisor to provide.

APPLICATION FOR				OMB Approval No. 0348-002
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
<u>Application</u>	Preapplication			
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Legai Name.			Organizational onit.	NA
Address (give city, county, State,	and zip code):		Name and telephone this application (give a	number of person to be contacted on matters involvingea code)
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box) H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
	Continuation	Revision	C. Municipal	J. Private University
∐ New	Continuation	☐ Hevision	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
			F. Intermunicipal	M. Profit Organization N. Other (Specify) Nonprofit Citizen
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Nonprofit Citizen Organization
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERAL AGENCY:	
			o. NAME OF TEBERA	AL AGENOTI
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	IMRER:	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
TITLE: 12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ates, etc.):		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
45 FOTIMATED FUNDING			16 IS ADDI ICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PF	
a. Federal	\$.00	ONDER 12372 FF	100133 !
a. i ederai	"		a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$.00		
d. Local	\$.00		
		00	_	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$.00		attach an explanation.
	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
d Signature of Authorized Repre	sentative	1		e. Date Signed

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BUDGET INFORMATION - Non-Construction Programs SECTION A - BUDGET SUMMARY

		SEC	SECTION A - BUDGET SUMMARY	IMARY		
Grant Program Function	Catalog of Federal Domestic Assistance	Estimated Un	Estimated Unobligated Funds		New or Revised Budget	
or Activity	Number	Federal	Non-Federal	Federal	Non-Federal	Total
(a)	(q)	(c)	(d)	(e)	(f)	(a)
1.	03	↔	↔	↔	€9	↔
2.						
9.		X				
4.						
5. Totals	93	₩	₩.	₩.	<i>₩</i>	€
		SECTI	SECTION B - BUDGET CATEGORIES	GORIES		
6. Object Class Categories	ries		GRANT PROGRAM, F	GRANT PROGRAM, FUNCTION OR ACTIVITY		Total
		(1)	(2)	(3)	(4)	(2)
a. Personnel	03	↔	₩.	₩.	↔	€9
b. Fringe Benefits	ıts					
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction					,	
h. Other						
i. Total Direct Cl	i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges	sə					
k. TOTALS (sum of 6i and 6j)	n of 6i and 6j)		\$	\$	\$	₩
7. Program Income	\$		₩	₩	\$	€
		Autho	Authorized for Local Reproduction	duction	Stand	Standard Form 424A (Rev. 7-97)

otandard Form 424A (Rev. 7-97) Prescribed by OMB Circular A-102

	SECTION	SECTION C - NON-FEDERAL RESOURCES	SOURCES		
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		₩.	₩	₩.	49
.6					
10.					
11.					
12. TOTAL (sum of lines 8-11)		₩.	↔	€	₩
	SECTION	SECTION D - FORECASTED CASH NEEDS	SH NEEDS		
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	€
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	₩	₩.	₩.	€	8
SECTION E - BI	SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT	FEDERAL FUNDS NEE	DED FOR BALANCE	OF THE PROJECT	
(a) Grant Program			FUTURE FUNDIN	FUTURE FUNDING PERIODS (Years)	
		(b) First	(c) Second	(d) Third	(e) Fourth
16.		\$	€	↔	€9
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)		↔	₩.	₩.	₩.
	SECTION F	ECTION F - OTHER BUDGET INFORMATION	ORIMATION		
21. Direct Charges:		22. Indirect Charges:	Charges:		
23. Remarks:					